TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92) EF

See Instructions and *Privacy Statement On Reverse Side

Page	of	Pages	

				Stati	ement on	neverse c	nuc				9-			
CLAIMANT'S NAME George Valverde						SSAN OR EMPLOYEE NUMBER*					DEPARTMENT Motor Vehicles			
POSITION			CB/ID NUMBER			DIVISION OR BUREAU						INDEX NU	INDEX NUMBER	
	irector			00			cutive							
RESIDE	NCE ADDI	RESS *					5 First A						TELEPHO	NE NUMBER
CITY STATE				TE ZIP (ZIP CODE		Sacramento				STATE CA		ZIP CODE 95818	
(1) MON	NTH/YEAR	(3)	(4)	(5)	MEALS		(6)	(7)	TRA	ANSPORTA	TION		(8)	(9)
(2)	2/201	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR	INCIDEN- TALS	(A) COST OF	(B)	(C) CARFARE, TOLLS,		(D) TE CAR USE	BUSINESS	
DATE	TIME			1701		DINNER		TRANS.	USED	PARKING	MILES	AMOUNT	-	
Jan	uary													
19	0950 1530	Sacramento							SC	18.00				18.00
Feb	ruary													
		Sacramento/Los Ange	100/						SC					
27		Return	iles/						A	15.00				15.00
									SC					
	-								-				-	
	-													
	-													
	-									1 8				
	-													
	_													
(10)	SUB	TOTALS								33.00				33.00
e	ninininininini	CODE (ACCTG, USE ONLY)												
			••••••••	**************			•••••••						*************	00.00
	CLA	IM TOTAL										\$	0	33.00
		TRIP, REMARKS AND DETAILS (Attach re				ia Chant	er of the	Black F	mple	ovees	(12) N	IORMAL WOR	RK HOURS	
		or Equality (BEUFE) confe								-,	(13) F	PRIVATE VEH	HICLE LICEN	ISE NUMBER
											(14) 8	MILEAGE RA	TE CLAIMED	
											(14)1	VIILEAGE NA	TE CLAIMED	,
											AG	ENGY AC	COUNTN	G OFFICE
												ш		
											PAID B	Y REVOLVIN	G FUND CHE	ECK NUMBER
	California. to or greate	CERTIFY That the above is a true statement if a privately owned vehicle was used, and if the than the rate claimed, and that I have met	mileage rates e	exceed the min	imum rate, I ce	ertify that the c	ost of operati	ng the vehicle	was eq	ual				
CLAIM	vehicle saf	ety and seat belt usage. NATURE		DATE		(16.) SIG	NATURE OF	OFFICER API	PROVI	NG TRAVEL	AND PA	YMENT	DATE	
(17.) SI	GNATURE	AND TITLE OF AUTHORITY FOR SPECIAL	EXPENSES (See Item 17 on	reverse)								DATE	